

## Foster Family Home - Corrective Action Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

94-1004 Puloku Street

Waipahu

HI 96797

Review ID: 1-110041-8

Reviewer: Julie Hastings

Begin Date: 2/26/2020

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/27/2020.

2/26/2020- Written Correction Plan received and accepted.

### Foster Family Home

### Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)

CG#1 APS/CAN lapsed. Was done on 8/23/2017. Was due on or before 8/23/2019. Was last done on 9/15/2019.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire

No November or December Fire Drill for 2019.

### Foster Family Home

### Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)

No medication side effects for Client #1

### Foster Family Home

### Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)

2019 budget not completed. No entries after February 2019.

Julie A. Hastings BSN, RN  
Compliance Manager

Orlando Ramos Jr.  
Primary Care Giver

2/26/2020  
Date

2/26/2020  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Orlando Ramos Jr.  
 CCFFH Address: 94-1004 Puloa Street Waiapahu HI 96797

| Rule Number | Corrective Action Taken                        | Date Corrected | Prevention Strategy   |
|-------------|--|----------------|---|
| 8a2         | lapose cannot be corrected                     | 2/26/20        | Calendar Reminders for 2 months prior in chart.   |
| 3p Finbl    | " "  | 2/26/20        | " "   |
| 5a2         | " "  | 2/26/20        | Home will make Annual Budget & add up monthly   |
| 47c         | Medication side effects for client #1 in chart | 2/26/20        | All medication side effects will be kept in chart for all clients within 1 week of new medication |

Primary Caregiver's Signature: [Signature]

Print Name: ORLANDO C. RAMOS JR

Date of Signature: 2/26/20